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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	Justin P. Phillips
Title	Optical Fibre Catheter Pulse Oximeter
Art Unit	
Examiner Name	
Attorney Docket Number	45852-P001WOUS

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

58380

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

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☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name Winstead Sechrest & Minick P.C.

Address P.O. Box 50784

City Dallas

State Texas

Zip 75201

Country US

Telephone 512.370.2838

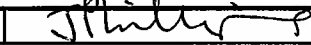
Email docket@winstead.com

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	14th July 2006
Name	Justin P. Phillips	Telephone	
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Signature



Date

16th July 2006

Name

Richard M. Langford

Telephone

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Title and Company

Inventor

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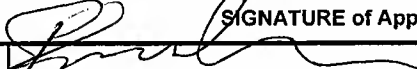


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SIGNATURE of Applicant or Assignee of Record

Signature



Date

Name

Panicos A. Kyriacou

Telephone

Title and Company

Inventor

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<input type="checkbox"/> Firm or Individual Name	Winstead Sechrest & Minick P.C.		
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City	Dallas	State	Texas
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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Deric P. Jones</i>	Date	
Name	Deric P. Jones	Telephone	
Title and Company	Inventor		

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